

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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36						
37						
38						
39						
40						
41	1					
42	1					
43	1					
44	1					
45	1					
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51	1	1				
52	1	1				
53	1	1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						